

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2000-06
SPECIAL EDUCATION
August 7, 2000

In accordance with Government Code Section (GC) 17561, eligible claimants (school districts, county offices of education, or Special Education Local Plan Areas) may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for the filing of claims for Special Education. These claiming instructions are issued subsequent to adoption of the program's parameters and guidelines (P's & G's) by the Commission on State Mandates (COSM).

On June 5, 2000, the COSM determined that the Special Education program establishes costs mandated by the state according to the provisions listed in the attached P's & G's. For your reference, the P's & G's are included as an integral part of the claiming instructions.

Reimbursable Methods

For initial reimbursement claims for the period July 28, 1980 to June 30, 1981 and fiscal years 1981-82 through 2000-01, eligible claimants may file for the current and prior year costs by selecting one of two reimbursement methods: The Uniform Allowance Method established by the COSM, or the Actual Cost Method.

A. Uniform Allowance Method

In lieu of actual costs, the time and/or cost allowance as provided for in the P's & G's, may be used to claim the cost of each reimbursable component. This uniform allowance covers direct costs incurred in compliance with this mandate for activities included in components A through C and E through H listed in the P's & G's. Forms SED-2A through 2C and 2E through 2H detail the costs and statistics for claiming. Forms SED-1 and FAM-27 are to be used to summarize all costs associated with the Uniform Allowance Method.

B. Actual Cost Method

Actual costs of administering the Special Education program in compliance with this mandate may be claimed. The following are reimbursable expenditures related to Special Education: Salaries and Benefits, Materials and Supplies, Travel Expenses, Contract Services, and Equipment and Capital Outlays. Forms SED-2A through 2H must be completed to claim actual costs associated with this mandate and forms SED-1 and FAM-27 are then used to summarize these costs. Extended School Year costs, component D, must be filed only using the Actual Cost Method.

For initial reimbursement claims, claimants may use actual cost data from one fiscal year to determine a unit cost for a component or selected activities of a component. The unit cost shall be adjusted by the Implicit Price Deflator (copy attached) to determine the cost for the component or activities for prior years. Forms SED-2A through 2H, SED-1, and FAM-27 must be completed when using this cost method.

Filing Deadlines

Reimbursement claims for the period July 28, 1980, through June 30, 1981, and fiscal years, 1981-82 through 1999-00 must be filed with the SCO. Claims must be delivered or postmarked on or before December 5, 2000. Annually thereafter, having received payment for an estimated claim, the claimant must file a reimbursement claim by January 15th of the following fiscal year. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$1,000. In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. *Claims filed more than one year after the deadline, or without the requested supporting documentation, will not be accepted.*

Estimated claims filed with the SCO must be postmarked by January 15th of the fiscal year in which costs will be incurred. However, 2000-01 estimated claims must be filed with SCO and postmarked by December 5, 2000. Timely filed claims will be paid before late claims.

Minimum Claim Cost

GC § 17564(a) provides that no claim shall be filed pursuant to § 17561 unless such a claim exceeds \$200 per program per fiscal year. However, any county superintendent of schools, as the fiscal agent for the district, may submit a combined claim in excess of \$200 on behalf of districts within the county even if an individual district's claim does not exceed \$200. A combined claim must show the individual claim costs for each eligible claimant. Once a combined claim is filed, all subsequent fiscal years relating to the same mandate must be filed in a combined form. The county superintendent receives the reimbursement payment and is responsible for disbursing funds to each participating district. An eligible claimant may withdraw from the combined claim form by providing the county superintendent and SCO with a written notice of its intent to file a separate claim at least 180 days prior to the deadline for filing the claim. Claims should be rounded to the nearest dollar.

Estimated Claims

Unless otherwise specified in the claiming instructions, claimants are not required to provide cost schedules and supporting documents with an estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. The claimant can simply enter the estimated amount on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, the claimant must complete supplemental claim forms to support their estimated costs as specified for the program to explain the reason for the increased costs. If no explanation supporting the higher estimate is provided with the claim, the claim will automatically be adjusted to 110% of the previous fiscal year's actual costs.

Reimbursement Claims

Initial reimbursement claims will only be reimbursed to the extent that expenditures can be supported and to the extent that such information is not available claims will be reduced. In addition, ongoing reimbursement claims must be supported by documentation providing evidence of the expenditures. Examples of documentation may include, but are not limited to, employee time records that identify mandate activities, payroll records, invoices, receipts, contracts, travel expense vouchers, purchase orders, meeting agendas, attendance rosters, caseload statistics, copies of correspondence, and local plans.

Sources of this documentation may be found in various locations, including but not limited to: school district files', county office of education files', and SELPA files.

Audit of Costs

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the P's & G's adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment," specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Accordingly, all documentation to support actual costs claimed must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or amended regardless of the year of costs incurred. When no funds are appropriated for initial claims at the time the claim is filed, supporting documents must be retained for two years from the date of initial payment of the claim. Claim documentation shall be made available to the SCO on request.

Retention of Claiming Instructions

The claiming instructions and forms in this package should be retained permanently in your *Mandated Cost Manual* for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at www.sco.ca.gov/ard/local/locreim/index.htm.

Address for Filing Claims

Submit a signed original and a copy of form FAM-27, Claim for Payment, and a copy of all other forms and supporting documents to:

If delivery is by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivery is by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

BEFORE THE
COMMISSION ON STATE MANDATES
STATE OF CALIFORNIA

IN RE TEST CLAIM ON:

Education Code Sections 56026, subdivision (c)(4), 56171, subdivision (a), 56190, 56191, 56192, 56194, 56321, 56325, subdivision (b), 56346, 56362, subdivisions (c), (d), (e), and (f), and 56363.3 as added and amended by

Statutes of 1980, Chapters 797, 1329, and 1353; Statutes of 1981, Chapters 972, 1044, and 1094; Statutes of 1982, Chapter 1201; Statutes of 1987, Chapters 311 and 1452; Statutes of 1988, Chapter 35; Statutes of 1991, Chapter 223; Statutes of 1992, Chapter 1361; Statutes of 1993, Chapter 1296; Statutes of 1994, Chapter 1288; and Statutes of 1995, Chapter 530

Title 5, California Code of Regulations, Sections 3043, subdivision (d), and 3067

Filed by Riverside County Superintendent of Schools, Claimant and

North Region SELPA (Alameda Unified School District, Administrative Unit), Castro Valley Unified School District, Contra Costa SELPA, Grant Union High School District, Newport Mesa Unified School District, Oakland Unified School District, Palo Alto Unified School District, and San Mateo-Foster City School District, Supplemental Claimants.

No. CSM-3986

Special Education

1. Community Advisory Committees
2. Enrollment Caseloads
(Resource Specialists; Language, Speech, and Hearing Specialists)
3. Extended School Year
4. Governance Structure
5. Interim Placements
6. Maximum Age Limit—Age Limit 22
7. Resource Specialist Program
(Excluding Maximum Caseloads)
8. Written Consent


ADOPTION OF PARAMETERS AND
GUIDELINES PURSUANT TO
GOVERNMENT CODE SECTION 17557
AND TITLE 2, CALIFORNIA CODE OF
REGULATIONS, SECTION 1183.12

(Adopted on June 5, 2000)

ADOPTED PARAMETERS AND GUIDELINES

The attached Parameters and Guidelines is hereby adopted in the above-entitled matter.

This Decision shall become effective on June 5, 2000.



PAULA HIGASHI, Executive Director

SPECIAL EDUCATION PARAMETERS AND GUIDELINES

Education Code Sections 56026, subdivision (c)(4), 56171, subdivision (a), 56190, 56191, 56192, 56194, 56321, 56325, subdivision (b), 56346, 56362, subdivisions (c), (d), (e), and (f), and 56363.3

Statutes of 1980, Chapters 797, 1329, and 1353; Statutes of 1981, Chapters 972, 1044, and 1094; Statutes of 1982, Chapter 1201; Statutes of 1987, Chapters 311 and 1452; Statutes of 1988, Chapter 35; Statutes of 1991, Chapter 223; Statutes of 1992, Chapter 1361; Statutes of 1993, Chapter 1296; Statutes of 1994, Chapter 1288; and Statutes of 1995, Chapter 530
Title 5, California Code of Regulations, Sections 3043, subdivision (d), and 3067

I. COMMISSION ON STATE MANDATES DECISION AND SUMMARY OF MANDATE

The Commission on State Mandates, in its Statement of Decision dated November 30, 1998, determined that the following provisions establish costs mandated by the state within the meaning of section 6, article XIII B of the California Constitution and Government Code section 17514: (1) Education Code section 56026, subdivision (c)(4); (2) Education Code sections 56190-56192, 56194; (3) Education Code section 56171, subdivision (a); (4) Education Code sections 56362, subdivision (c), and 56363.3; (5) Title 5, California Code of Regulations, section 3043, subdivision (d); (6) Education Code section 56325, subdivision (b), and Title 5, California Code of Regulations, section 3067; (7) Education Code section 56362, subdivisions (d), (e), and (f); and (8) Education Code sections 56321 and 56346.

- A. **Community Advisory Committees.** Statutes of 1980, Chapter 797 (Chapter 797/80) added Education Code sections 56190-56192, 56194, which require school districts to establish community advisory committees with specified membership, authority, and responsibilities related to local plans for the education of individuals with exceptional needs. Technical changes were made by Statutes of 1980, Chapter 1329, and Statutes of 1981, Chapters 972 and 1044.
- B. **Governance Structure.** Chapter 797/80 added Education Code section 56171, subdivision (a), which requires that parents and teachers selected by their peers participate in the development of local plans.
- C. **Enrollment Caseloads.** Chapter 797/80 added Education Code section 56362, subdivision (c), which imposes a caseload limitation for resource specialists. Statutes of 1982, Chapter 1201, added Education Code section 56363.3, which imposes a caseload limitation for language, speech, and hearing specialists.
- D. **Extended School Year.** The California Department of Education added Title 5, California Code of Regulations, section 3043, subdivision (d), effective June 6, 1980, which requires school districts to provide a minimum of 20 days of extended year services even if a fewer number of days is specified in a pupil's individualized education program (IEP).
- E. **Resource Specialist Program (excluding maximum caseloads).** Chapter 797/80 added Education Code section 56362, subdivisions (d), (e), and (f). Subdivision (d) prohibits simultaneous assignment of individuals as resource specialists and regular classroom teachers. Subdivision (e) prohibits a resource specialist from enrolling a pupil for a majority of the school day, pursuant to an IEP, without prior approval of the Superintendent of Public Instruction. Subdivision (f) required school districts to

provide at least one instructional aide for each resource specialist. Statutes of 1981, Chapter 1094, amended subdivision (f) to require that 80% of the resource specialists within a special education local plan area (SELPA) shall be provided with an instructional aide. Statutes of 1982, Chapter 1201, amended subdivision (f) to require that at least eighty percent of the resource specialists within a SELPA shall be provided with an instructional aide.

- F. **Maximum Age Limit – Age 22.** Chapter 797/80, Statutes of 1987, Chapter 311, Statutes of 1991, Chapter 223, Statutes of 1992, Chapter 1361, and Statutes of 1993, Chapter 1296, added and amended Education Code section 56026. Section 56026, subdivision (c)(4), requires school districts to provide a free and appropriate education (“FAPE”) to certain pupils who are 22 years of age.
- G. **Interim Placements.** Chapter 797/80 added Education Code section 56325, subdivision (b), which requires the interim placement of a child with a disability to be reviewed by the IEP team. Title 5, California Code of Regulations, section 3067, effective from March 3, 1982, to January 1, 1995, required that the IEP team review the IEP of a pupil transferring into the school district.
- H. **Written Consent.** Chapter 797/80 added Education Code sections 56321 and 56346, which impose written parental consent requirements for assessments and for revisions to an IEP after the initial placement. Education Code section 56501, subdivision (a)(3), requires districts to go through a due process procedure to overcome lack of parent consent for assessment. Statutes of 1984, Chapter 1288, added subdivision (b) to Education Code section 56346 to require educational agencies to go to mediation/due process if a parent refuses to consent to a portion of the IEP that is necessary to provide free appropriate public education (FAPE).

II. ELIGIBLE CLAIMANTS

Eligible claimants include school districts, county offices of education, Special Education Local Plan Areas (SELPAs), and any joint agency composed of such organizations.

III. PERIOD OF REIMBURSEMENT

Government Code section 17557 states that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for that fiscal year. The test claim for this mandate was submitted on October 31, 1980. Since Chapter 797/80 became effective on July 28, 1980, then except where a different eligibility date is specified for any reimbursable component in Section IV below, all costs incurred on or after July 28, 1980 are reimbursable.

IV. REIMBURSABLE COMPONENTS

Eligible claimants include school districts, county offices of education, SELPAs, and any joint powers agency composed of such organizations. They shall be reimbursed for all direct and indirect costs of employee salaries and benefits, materials and supplies, travel expenses, contracted services, and equipment and capital outlays incurred for the following mandate components:

A. Community Advisory Committees.

1. Staff time and expenses of establishing and maintaining community advisory committees for each SELPA.

2. Staff time and expenses of recruiting and selecting community advisory committee members for each SELPA, including time and expense of ensuring that employees and parents are selected by their peers.
3. Staff time required to participate on the committee.
4. Reasonable and necessary expenses incurred by employee and parent committee members to attend meetings and perform duties.
5. Time and costs for employee members to:
 - a. Advise the policy and administrative entity of the local educational agency regarding the development, amendment, and review of the local plan.
 - b. Recommend annual priorities to be addressed by the plan.
 - c. Assist in parent education and recruit parents and volunteers who may contribute to the implementation of the plan.
 - d. Encourage community involvement in the development and review of the local plan.
 - e. Support activities on behalf of individuals with exceptional needs.
 - f. Assist in parent awareness of the importance of regular school attendance from January 1, 1981, to the present.
6. Uniform Time Allowance Reimbursement

Pursuant to Government Code section 17557, the Commission on State Mandates has adopted uniform allowances for reimbursement of Component A. Community Advisory Committees. Payment of costs using the uniform time allowances is in lieu of payment of actual costs incurred for this component. Claims shall be reimbursed based upon a uniform time allowance of five hours per month for each employee who engaged in the activities identified in Component A.1., two hours per year per each new committee member for each employee who engaged in the activities identified in Component A.2., and 60 minutes per year for each employee who engaged in the activities identified in Component A.5.. For the activities identified in Component A.3., claims shall be reimbursed based upon a uniform time allowance of 90 minutes per meeting per employee (meetings not to exceed 12 per year). Reimbursement is determined by multiplying the uniform time allowance by the hourly salary and benefit rate for the personnel member or members who perform this activity by the number of times that the personnel member or members performed that activity.

Restriction: Claimants should file under Community Advisory Committees rather than Governance Structure if advisement on the development of the local plan was performed solely by the Community Advisory Committee and not by additional persons whose services were not obtained in the Community Advisory Committee structure.

Offset: Reimbursement for the costs of activities under Component A.5. in a given year shall be reduced or eliminated by the amount of state funding received for Regionalized Services other than Program Specialists for that year through December 31, 1985. Effective January 1, 1986, such reimbursement shall also be reduced by the costs of activities under Component A.4. as well as under Component A.5., in a given year.

B. Governance Structure.

1. Time and expenses of teachers to participate in the development and ongoing revisions of the local plan.
2. Expenses paid to parents for their participation in the development of the local plan. Expenses include, but are not limited to, mileage, meals, and childcare. Time and expense of ensuring that teachers and parents are selected by their peers.
3. Uniform Time Allowance Reimbursement

Pursuant to Government Code section 17557, the Commission on State Mandates has adopted uniform allowances for reimbursement of Component B. Governance Structure. Payment of costs using the uniform time allowances is in lieu of payment of actual costs incurred for this component. Claims for Component B.1. shall be reimbursed based upon a uniform time allowance of 90 minutes per meeting per teacher (meetings not to exceed 12 per year). Reimbursement is determined by multiplying the uniform time allowance by the hourly salary and benefit rate for the personnel member or members who perform this activity by the number of times that the personnel member or members performed that activity.

Restriction: Claimants should file under Community Advisory Committees rather than Governance Structure if advisement on the development of the local plan was performed solely by the Community Advisory Committee and not by additional persons whose services were not obtained in the Community Advisory Committee structure.

Offset: Reimbursement for the costs of activities under Components B.1. and B.2. in a given year shall be reduced or eliminated by the amount of state funding received for Regionalized Services other than Program Specialists for that year, with this offset reduced by the amount of state funding offset used in Component A., Community Advisory Committees.

C. Enrollment Caseloads.

1. Resource Specialist:
 - a. Monitoring Caseloads
 - (1) *Eligibility Period from July 28, 1980, to September 21, 1982.* Monitoring resource specialist caseloads to ensure that the average caseload does not exceed 24 students and that the maximum caseload does not exceed 28 students.
 - (2) *Eligibility Period from September 22, 1982, to present.* Monitoring resource specialist caseloads to ensure that the maximum caseload does not exceed 28 students.
 - b. Waiver Process
 - (1) Preparation of waiver request and participation in the State Board of Education waiver process to obtain approval of maximum caseloads over 28.
 - (2) Preparation of waiver request and participation in the State Board of Education waiver process to obtain approval for a part-time resource specialist to be simultaneously assigned to regular classes.

c. Recruitment and Employment of Additional Resource Specialists.

If the school district requested a waiver and the request was denied by the State Board of Education, the advertising, recruitment, interviewing, selection and employment of additional resource specialists for any duration necessary to keep maximum caseloads at 28, or below.

2. Language, Speech, and Hearing (LSH) Specialists from September 22, 1982, to the present.

a. Monitoring Caseloads. Monitoring caseload averages in districts, county offices, or SELPAs.

b. Waiver Process

(1) Preparation of waiver request and participation in the process to obtain approval to exceed average caseload of 55.

(2) Preparation of justification in local plan to increase the LSH caseload over 55.

c. Recruitment and Selection of Additional LSH Specialists. If the school district requested a waiver and the request was denied by the State Board of Education, the recruitment and selection of additional LSH specialists.

3. Uniform Time Allowance Reimbursement/Uniform Cost Allowance Reimbursement

Pursuant to Government Code section 17557, the Commission on State Mandates has adopted uniform allowances for reimbursement of Component C. Enrollment Caseloads. Payment of costs using the uniform time allowances and uniform cost allowance is in lieu of payment of actual costs incurred for this component.

Claims shall be reimbursed based upon a uniform time allowance of 60 minutes per month for the activities identified in Component C.1.a.(1) - C.1.a.(2), and 60 minutes per month for the activities identified in Component C.2.a.

Reimbursement for Component C.1.a.(1) and Component C.1.a.(2) is determined by multiplying the uniform time allowance by the hourly salary and benefit rate for the personnel member or members who perform this activity times a load factor equal to the number of students receiving resource specialist services during the fiscal year divided by 28. Reimbursement for Component C.2.a. is determined by multiplying the uniform time allowance by the hourly

salary and benefit rate for the personnel member or members who perform this activity times a load factor equal to the number of students receiving LSH services during the fiscal year divided by 55. Reimbursement for Components C.1.b. and C.2.b. shall be based upon a uniform time allowance of 15 hours per waiver request and a uniform cost allowance of \$0.60 per mile for travel and expenses in preparation of the waiver. Reimbursement for the time allowance is determined by multiplying the uniform time allowance by the hourly salary and benefit rate for the personnel member or members who perform this activity times the number of times that the personnel member or members performed that activity. Reimbursement for the cost allowance is determined by multiplying the uniform cost allowance by the number of waiver requests.

Offset: Reimbursement for the costs under Component C.1.c. in a given year shall be reduced or eliminated by the amount of state funding received for an additional IPSU for a Resource Specialist for the years up through June 30, 1996, and thereafter by the corresponding amount folded into the AB 602 base.

- D. Extended School Year.** Costs of providing extended school year program services for the difference between the number of days of service specified in a student's IEP and the statutory minimum of 20 instructional days of service.

Offset: Reimbursement for the costs of the Extended School Year mandate as set forth in Component D. in a given year shall be reduced or eliminated by the amount of state funding received, for that year, or, effective July 1, 1998, by the corresponding amount folded into the AB 602 base.

E. Resource Specialist Program (excluding maximum caseloads)

1. Costs associated with the preparation of waiver request and participation in the State Board of Education waiver process to obtain approval for a district to assign a resource specialist with a low caseload to simultaneously serve as the teacher of regular education students.
2. Costs associated with acquiring the approval of the Superintendent of Public Instruction to enroll a pupil pursuant to an IEP for the majority of a school day.
3. The recruitment, selection and employment of instructional aides (including, but not limited to, salaries and employee benefits for such instructional aides) for each resource specialist from July 28, 1980, through December 31, 1981, for eighty percent of the resource specialists from January 1, 1982, to September 21, 1982; or for at least 80% of the resource specialists from September 22, 1982, to present.

4. Uniform Time Allowance Reimbursement/Uniform Cost Allowance Reimbursement

Pursuant to Government Code section 17557, the Commission has adopted a uniform allowance for reimbursement of the Component E.2. and an allocation formula for reimbursement of the Component E.3. Payment of costs using the uniform time allowance and allocation formula is in lieu of payment of actual costs incurred for this component.

- a. Reimbursement of Components E.1 shall be based upon a uniform time allowance of 15 hours per waiver request and a uniform cost allowance of \$0.60 per mile for travel and expenses in preparation for the waiver. Reimbursement for the time allowance is determined by multiplying the uniform time allowance by the hourly salary and benefit rate for the personnel member or members who perform this activity times the number of times that the personnel member or members performed the activity. Reimbursement for the cost allowance is determined by multiplying the uniform cost allowance by the number of waiver requests.
- b. Uniform Time Allowance Reimbursement, Component E.2.:
Claims shall be reimbursed based upon a uniform time allowance of 30 minutes for each approval sought. Reimbursement is determined by multiplying the uniform time allowance by the hourly salary and benefit rate

for the personnel member or members who performed this activity, times the number of times that the personnel member or members perform that activity.

c. Allocation Formula, Component E.3.:

A. Number of FTE Resource Specialists (from J-50-IPS or equivalent) _____

B. Reimbursable Aides (A x 100% (FY 1980-81) or 80% (all other FY))_____

C. Average FTE Salary Paid to Resource Specialist Aides* _____

D. Fixed Benefit Costs _____

E. Variable Benefit Costs (Rate = ____%) _____

F. Average FTE Salary and Benefits for Resource Specialist Aides
(Total of C+D+E) _____

G. Offset for State Funding of Aide _____

H. Reimbursement Per Aide (F-G, but not less than \$0) _____

I. Reimbursement for Aides (B x H) _____

* From Approved Budgets, Mid-point in Salary Schedule, or other source data.

Note: The calculation for offset for State Funding of Aide shall be an agency's aide unit rate for the appropriate year, increased by the agency's non-severe support services ratio (since all RSP units were non-severe), and reduced by the special education state aid deficit for the applicable year. Additionally, for 1997-98 only, school agencies with low funded aides also received equity allocations pursuant to AB 602 (Chapter 854/1997). The amount that an agency received per non-severe aide in recognition of below-average funding (i.e. the amount actually received per aide after proration by the state) should be added to the amount determined above for 1997-98.

Since the amount that each agency received in 1997-98 was subsequently folded into the new special education funding model pursuant to AB 602, it is appropriate that for fiscal years starting in 1998-99, the amount for 1997-98, as increased by funded cost-of-living adjustments, less any state aid deficit applied to base funding, be used.

F. Maximum Age Limit – Age 22.

1. Eligibility Periods

- a. *Eligibility Period from July 28, 1980, to December 31, 1991:* Costs of providing FAPE to any individual who became 22 years of age during the school year for the period commencing on the individual's 22nd birthday through the end of the then current school year.

Reimbursable services provided may include teacher time, speech therapy, psychologist services, transportation services, placement in non-public/non-public agency school programs, administrative time directly related to additional administrative duties related to students' current placement in the program, and any other educational services specified in the student's IEP.

- b. *Eligibility Period from January 1, 1992, to December 31, 1992:* Costs of providing FAPE to any individual who became 22 years of age:

- (1) during the months of January to June for the period commencing on the individual's 22nd birthday through the end of the then current fiscal year, including any extended school year program;
- (2) in September and who was enrolled in a year round school program for the period commencing on the individual's 22nd birthday through the date in the then current fiscal year upon which the individual completes the requirements for obtaining a diploma; or
- (3) during the months of October, November or December for the period commencing on the individual's 22nd birthday through December 31 of that fiscal year or through the end of the current term if the student was completing requirements for a diploma.

Reimbursable services provided may include teacher time, speech therapy, psychologist services, transportation services, placement in non-public school/non-public agency programs, administrative time directly related to additional administrative duties related to students' current placement in the program, and any other educational services specified in the student's IEP.

c. *Eligibility Period from January 1, 1993, to October 10, 1993:* Costs of providing FAPE to any individual who became 22 years of age:

- (1) during the months of January to June for the period commencing on the individual's 22nd birthday through the end of the then current fiscal year, including any extended school year program;
- (2) in September and who is enrolled in a year round school program for the period commencing on the individual's 22nd birthday through the date in the then current fiscal year upon which the individual completes their individualized education program; or
- (3) during the months of October, November, or December through December 31 of the current fiscal year or, for the following individuals, through the end of the fiscal year:
 - (a) the individual would otherwise complete his or her IEP during the then current fiscal year, or
 - (b) the individual has not had an individual transition plan incorporated into his or her IEP and implemented from the age of 20.

Reimbursable services provided may include teacher time, speech therapy, psychologist services, transportation services, placement in non-public school/non-public agency programs, administrative time directly related to additional administrative duties related to students' current placement in the program, and any other educational services specified in the student's IEP.

d. *Eligibility Period from October 11, 1993, to present:* Costs of providing FAPE to any individual who became 22 years of age:

- (1) during the months of January to June for the period commencing on the individual's 22nd birthday through the end of the then current fiscal year, including any extended school year program;
- (2) in July, August or September and who is enrolled in a year round school program for the period commencing on the individual's 22nd birthday

through the date in the then current fiscal year upon which the individual completes their individualized education program; or

- (3) during the months of October, November or December through December 31 of that fiscal year or, for the following individuals, through the end of the fiscal year:

- (a) the individual would otherwise complete his or her IEP during the then current fiscal year, or

- (b) the individual has not had an individual transition plan incorporated into his or her IEP and implemented from the age of 20.

Reimbursable services provided may include teacher time, speech therapy, psychologist services, transportation services, placement in non-public school/non-public agency programs, administrative time directly related to additional administrative duties related to students' current placement in the program, and any other educational services specified in the student's IEP.

2. Uniform Cost Allowance Reimbursement

Pursuant to Government Code section 17557, the Commission on State Mandates has adopted uniform cost allowances for reimbursement of Component F.

Maximum Age Limits. The uniform cost allowances are in lieu of payment of actual costs incurred for this component. Claims shall be reimbursed based upon the number of months the special education student continued to be served by the school following his/her 22nd birthday, times the number of students, multiplied by the uniform cost allowance.

The uniform cost allowance for this component shall be one thousand eight hundred and seventy five dollars (\$1,875) per month in the 1994-95 fiscal year. Rather than calculating the actual amount of months per student that received services beyond their 22nd birthday, each student will be presumed to have received six months of service (x \$1,875 per month) beyond his/her 22nd birthday. The uniform cost allowance shall be adjusted upward or downward as appropriate each previous or subsequent year by the Implicit Price Deflator referenced in Government Code section 17523.

G. Interim Placements.

1. Costs of involving more than one employee in review of an interim placement and final recommendation for permanent placement of a pupil transferring into the school district beginning March 3, 1982, and ending January 1, 1995, if the use of the existing "old" IEP is uncontested by the pupil's parents or guardians and the receiving LEA and unless the IEP team review and recommendation occur in the same meeting as the annual IEP review required under IDEA.

2. Uniform Time Allowance Reimbursement

Pursuant to Government Code section 17557, the Commission on State Mandates has adopted uniform allowances for reimbursement of Component G. Interim Placements. Payment of costs using the uniform time allowances is in lieu of payment of actual costs incurred for this component. Claims shall be reimbursed based upon a uniform time allowance of 60 minutes per employee in excess of one employee per each interim placement. Reimbursement is determined by multiplying the uniform time allowance by the hourly salary and benefit rate for

the personnel member or members who perform this activity by the number of times that the personnel member or members performed that activity.

H. Written Consent.

1. Time and expenses to create a form that would be used to request parental consent to assessment and/or an IEP.
2. Time and expenses to obtain consent for all subsequent assessments after the initial placement.

Restriction: Claimants may recover for time and expenses for attempts to obtain consent for all subsequent assessments retrospectively for the time period up until June 4, 1997. Claimants may not recover for time and expenses to obtain consent for all subsequent assessments for the time period June 4, 1997 to the present because the IDEA 1997 requires LEAs to obtain consent for subsequent assessments.

3. Time and expenses to obtain consent for all subsequent IEPs after the initial placement.
4. Postage for each letter sent to parents requesting parental consent to an IEP and/or assessment.
5. Time and expenses to make a follow-up phone call to each parent or guardian when no consent for IEP and/or assessment has been obtained.
6. Time and expenses for employees or contractors to prepare for mediation.
7. Time and expenses for employees or contractors to attend mediation.
8. Time and expenses for employees or contractors to prepare for a due process hearing and draft the closing brief after the due process hearing.
9. Time and expenses for employees or contractors to attend a due process hearing.
10. Uniform Time Allowance Reimbursement/Uniform Cost Allowance Reimbursement.

Pursuant to Government Code section 17557, the Commission has adopted a uniform allowance for reimbursement of Component H. Written Consent. Payment of costs using the uniform time and cost allowance is in lieu of payment of actual costs incurred for this component.

a) Uniform Time Allowance Reimbursement, Component H.1:

Claims shall be reimbursed to LEAs based upon a uniform cost allowance of one hour per year per employee who engaged in the activities identified in Component H.1. Reimbursement is determined by multiplying the uniform time allowance by the hourly salary and benefit rate for the personnel member or members who perform this activity.

b) Uniform Time Allowance Reimbursement, Component H.2:

Claims shall be reimbursed based upon a uniform time allowance per year of one-half hour certificated employee time per special education student plus one-half hour classified employee time per special education student per employee who engaged in the activities identified in Component H.2.

Reimbursement is determined by multiplying the uniform time allowance by the hourly salary and benefit rate for the personnel member or members who perform this activity by the number of times that the personnel member or members performed that activity.

c) Uniform Time Allowance Reimbursement, Component H.3:

Claims shall be reimbursed based upon a uniform time allowance of one hour certificated employee time per special education student plus one-half hour classified time per special education student who engaged in the activities identified in Component H.3. Reimbursement is determined by multiplying the uniform time allowance by the hourly salary and benefit rate for the personnel member or members who perform this activity by the number of times that the personnel member or members performed that activity.

d) Uniform Time Allowance Reimbursement, Component H.4:

Claims shall be reimbursed based upon a uniform cost allowance of sixty-four cents per letter times the number of special education students in LEA.

e) Uniform Time Allowance Reimbursement, Component H.5:

Claims shall be reimbursed based upon a uniform time allowance of a fifteen minute follow-up phone call by administrator to each parent or guardian times the number of special education students in LEA whose parent or guardian did not consent to IEP and/or assessment. Reimbursement is determined by multiplying the uniform time allowance by the hourly salary and benefit rate for the personnel member or members who perform this activity.

f) Uniform Time Allowance Reimbursement, Component H.6:

Claims shall be reimbursed based upon a uniform time allowance of six hours per employee per mediation where consent to assessment or IEP was the issue. Reimbursement is determined by multiplying the uniform time allowance by the hourly salary and benefit rate for the personnel member or members who perform this activity by the number of times that the personnel member or members performed that activity.

g) Uniform Time Allowance Reimbursement, Component H.7:

Claims shall be reimbursed based upon a uniform time allowance of six hours per employee per mediation where consent to assessment or IEP was the issue. Reimbursement is determined by multiplying the uniform time allowance by the hourly salary and benefit rate for the personnel member or members who perform this activity by the number of times that the personnel member or members performed that activity.

h) Uniform Time Allowance Reimbursement, Component H.8:

Claims shall be reimbursed based upon a uniform time allowance of twenty hours for hearing preparation and post-hearing work for administrator per hearing where consent to assessment or IEP was the issue. Reimbursement is determined by multiplying the uniform time allowance by the hourly salary and benefit rate for the personnel member or members who perform this activity by the number of times that the personnel member or members performed that activity.

i) Uniform Time Allowance Reimbursement, Component H.9:

Claims shall be reimbursed based upon a uniform time allowance of twenty hours for administrator's attendance at hearing per hearing. Reimbursement is determined by multiplying the uniform time allowance by the hourly salary and benefit rate for the personnel member or members who perform this activity by the number of times that the personnel member or members performed that activity.

V. SPECIAL EDUCATION COSTS

An eligible claimant may claim reimbursement in any year only to the extent that the eligible claimant's total special education program costs encroached on the local general fund in that year. Of the total amount of encroachment, only that amount necessary to fund any of the state mandated program areas detailed in these Parameters and Guidelines may be claimed. If the eligible claimant's total special education program costs did not encroach, no reimbursement shall be claimed.

VI. USE OF UNIFORM TIME/COST ALLOWANCES OR ACTUAL COSTS

Claimants may use the uniform allowances specified for any component in Section IV above or actual costs supported with the documentation listed in Sections VII and VIII for filing reimbursement claims.

VII. CLAIM PREPARATION

Each claim for reimbursement pursuant to this mandate must be timely filed and set forth a listing of each item for which reimbursement is claimed under this mandate. Pursuant to Government Code section 17561, subdivision (d)(1), all claims for reimbursement of the initial year's costs shall be submitted within 120 days of the issuance of the State Controller's Office claiming instructions. If the total costs for a given fiscal year do not exceed \$200, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

A. REPORTING BY COMPONENTS

Claimed costs must be allocated according to the components of reimbursable activity described in Section IV.

B. SUPPORTING DOCUMENTATION

Claimed costs should be supported by the following information:

1. Employee Salaries and Benefits

Identify the employee(s) and their job classification, describe the mandated functions performed, and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits.

2. Materials and Supplies

Only the expenditures which can be identified as a direct cost of the mandate can be claimed. List cost/prices of printing, materials, supplies which have been consumed or expended specifically for the purpose of this mandate.

3. Travel Expenses

Mileage, per-diem, lodging, public carrier charges, and other employee travel costs are reimbursable in accordance with the rules of the local jurisdiction. Retain records of the name, method of transportation, travel dates, destinations, and costs.

4. Contracted Services

Provide a copy of the contract or provide the name(s) of the contractor(s) who performed the service(s). Describe the activities performed by the contractor, show the inclusive dates when services were performed, and itemize all costs for those services.

5. Equipment and Capital Outlays

Describe and list the cost of fixed assets that have been acquired (purchased, leased, or rented) for the purpose of this mandate. If the fixed asset is used for purposes that are not directly related to the mandated program, only the pro-rata portion of the asset used for purposes of the mandated program is reimbursable. Reimbursement will be based on the actual cash disbursement made for the fiscal year of the claim and not the annual depreciated value of the asset.

6. Indirect Costs

- a. School districts must use the J-380 (previous and/or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the California Department of Education.
- b. County offices of education must use the J-580 (previous and/or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the California Department of Education.

C. COST ACCOUNTING STATISTICS

The State Controller is directed to include in its claiming instructions each year the requirement that claimants report to the State Controller the appropriate statistics for the purpose of establishing a database for potential future reimbursement based on prospective rates.

VIII. SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of costs. Pursuant to Government Code section 17558.5, these documents must be kept on file by the agency submitting the claim for a period of no less than two years after the later of (1) the end of the calendar year in which the reimbursement claim was filed or (2) if no funds are appropriated for the fiscal year for which the claim is made, the date of the initial payment of the claim. These documents must be made available to the State Controller's Office on request.

For initial reimbursement claims, claimants may use cost data from one fiscal year to determine a unit cost for a component or selected activities of a component. The unit cost shall be adjusted by the Deflator to determine the cost of the component or activities for prior years. The claimant shall maintain records relating to the determination of the unit cost and the number of events in the fiscal year for which costs are claimed to which the unit cost is applied.

IX. OFFSETTING SAVINGS AND OTHER REIMBURSEMENTS

Any offsetting savings the claimant experiences as a direct result of this mandate must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, including, but not limited to, service fees collected, federal funds, and other state funds shall be identified and deducted from this claim.

X. REQUIRED CERTIFICATION

An authorized representative of the claimant will be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those cost mandated by the state contained herein.

XI. PARAMETERS AND GUIDELINES AMENDMENTS

Pursuant to Title 2, California Code of Regulations, section 1183.2, such requests filed before the deadline for initial claims as specified in the Claiming Instructions shall apply to all years eligible for reimbursement or must be made by January 15 immediately following the fiscal year of the reimbursement claim in which reimbursement for the costs is requested.

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 SPECIAL EDUCATION			For State Controller Use Only	
(01) Claimant Identification Number			(19) Program Number 00185	
			(20) Date File _____/_____/_____	
			(21) LRS Input _____/_____/_____	
L A B E L H E R E	(02) Mailing Address		Reimbursement Claim Data	
	Claimant Name		(22) SED-2A, (04)	
	County of Location		(23) SED-2B, (04)	
	Street Address or P.O. Box		(24) SED-2C, (04)	
	City State Zip Code		(25) SED-2D, (06)	
			(26) SED-2E, (13)	
Type of Claim	Estimated Claim	Reimbursement Claim	(27) SED-2F, (04)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(28) SED-2G, (03)(1)(c)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(29) SED-2H, (04)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(30)	
Fiscal Year of Cost	(06) 20____/20____	(12) 19____/19____	(31)	
Total Claimed Amount	(07)	(13)	(32)	
Less: 10% Late Penalty, not to exceed \$1,000		(14)	(33)	
Less: Estimated Claim Payment Received		(15)	(34)	
Net Claimed Amount		(16)	(35)	
Due from State	(08)	(17)	(36)	
Due to State		(18)	(37)	
(38) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code Section 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for costs mandated by Chapter 797, Statutes of 1980, and Title 5, California Code of Regulations, Sections 3043, subdivision (d), and 3067, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 797, Statutes of 1980, and Title 5, California Code of Regulations, Sections 3043, subdivision (d), and 3067.</p> <p>The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 797, Statutes of 1980, and Title 5, California Code of Regulations, Sections 3043, subdivision (d), and 3067, set forth on the attached statements.</p>				
Signature of Authorized Officer		Date		
_____		_____		
_____		_____		
Type or Print Name		Title		
(39) Name of Contact Person for Claim		Telephone Number (_____) _____ Ext. _____		
_____		E-mail Address _____		

**SPECIAL EDUCATION
Certification Claim Form
Instructions**

**FORM
FAM-27**

- (01) Use mailing label or leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address has been enclosed with the claiming instructions. The mailing labels are designed to speed processing and prevent common errors that delay payment. Affix a label in the space shown on form FAM-27. Cross out any errors and print the correct information on the label. Add any missing address items, except county of location and a person's name. If you did not receive labels, print or type your agency's mailing address.
- (03) If filing an original estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing an original estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended or combined claim, enter an "X" in the box on line (05) Amended. Leave boxes (03) and (04) blank.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete forms SED-1 and enter the amount from line (10).
- (08) Enter the same amount as shown on line (07).
- (09) If filing an original reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing an original reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended or a combined claim on behalf of districts within the county, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from forms SED-1, line (10).
- (14) Filing Deadline. Initial Claims of Chapter 797/80 and Title 5, CCR. If the reimbursement claim for the period 7/28/80 to 6/30/81 and fiscal years 1981-82 through 1998-99, or 1999-00, is filed after December 5, 2000, the claim must be reduced by a late penalty. Enter either the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- In subsequent years, reimbursement claims must be filed by January 15 of the fiscal year in which costs are incurred or the claims shall be reduced by a late penalty. Enter either the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- (15) If filing a reimbursement claim and an estimated claim was previously filed for the same fiscal year, enter the amount received for the estimated claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16) Net Claimed Amount is positive, enter that amount on line (17) Due from State.
- (18) If line (16) Net Claimed Amount is negative, enter that amount in line (18) Due to State.
- (19) to (21) Leave blank.
- (22) to (37) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (29) for the reimbursement claim e.g. SED-2A, (04), means the information is located on form SED-2A, line (04). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, (i.e., no cents). Completion of this data block will expedite the payment process.
- (38) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by a signed certification.
- (39) Enter the name, telephone number, and e-mail of the person whom this office should contact if additional information is required.

SUBMIT A SIGNED ORIGINAL AND A COPY OF FORM FAM-27, AND A COPY OF ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

Address, if delivered by U.S. Postal Service:

Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

MANDATED COSTS SPECIAL EDUCATION CLAIM SUMMARY		FORM SED-1
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19__/19__
Direct Costs		
(03) Reimbursable Components	Total	
A. Community Advisory Committees		
B. Governance Structure		
C. Enrollment Caseloads		
D. Extended School Year		
E. Resource Specialist Program		
F. Maximum Age Limit - Age 22		
G. Interim Placements		
H. Written Consent		
(04) Total Direct Costs		
Indirect Costs		
(05) Indirect Cost Rate	[From J-380 or J-580]	%
(06) Total Indirect Costs	[Line (05) x {Line (04)}	
(07) Total Direct and Indirect Costs	[Line (04) + Line (06)]	
Cost Reduction		
(08) Less: Offsetting Savings, if applicable		
(09) Less: Other Reimbursements, if applicable		
(10) Total Claimed Amount	[Line (07) – {Line (08) + Line (09)}]	\$

SPECIAL EDUCATION Certification Claim Form Instructions	FORM SED-1
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being used. Enter the fiscal year of costs.
- From SED-1 must be filed for a reimbursement claim. Do not complete form SED-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form SED-1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs
- (03) Reimbursable Components. For each reimbursable component, enter the total from form SED-2A to 2H.
- (04) Total Direct Costs. Total lines (03)A. through (03)H.
- (05) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable for the fiscal year of costs.
- (06) Total Indirect Costs. Enter the result of multiplying the Indirect Cost Rate, line (05), by the Total Direct Costs, line (04).
- (07) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (04), and Total Indirect Costs, line (06).
- (08) Less: Offsetting Savings, if applicable. Enter the accumulative total of all offsets from forms 2A to 2D.
- (09) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts. The district shall report all funds received for Special Education. The total amount the district received may exceed the amounts you report on forms SED 2A through 2D.
- (10) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (08), and Other Reimbursements, line (09), from Total Direct and Indirect Costs, line (07). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

MANDATED COSTS SPECIAL EDUCATION COMMUNITY ADVISORY COMMITTEES		FORM SED-2A
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19__/19__
(03) Reimbursable Component: Item A in the Parameters and Guidelines.		
1. <i>Establishment and Maintenance of Community Advisory Committees</i>		
a. Number of employees who were engaged in this activity.		
b. Number of months spent by employees on this activity.		
c. Salaries and Benefits		
d. Other Expenses		
e. Total Salaries, Benefits, and Expenses	\$	
2. <i>Recruitment and Selection of Community Advisory Committee Members</i>		
a. Number of employees who were engaged in this activity.		
b. Number of new committee members.		
c. Salaries and Benefits		
d. Other Expenses		
e. Total Salaries, Benefits, and Expenses	\$	
3. <i>Participation on the Committee</i>		
a. Number of employees who were engaged in this activity.		
b. Number of meetings attended by all employees on this activity. (Maximum of twelve meetings per employee per year.)		
c. Total Salaries and Benefits	\$	
4. <i>Expenses for Attendance at Meetings by Employee/Parent Committee Members</i> (List expenses and attach sheet if more space is needed.)		
Total Expenses	\$	

MANDATED COSTS SPECIAL EDUCATION COMMUNITY ADVISORY COMMITTEES		FORM SED-2A
5. <i>Development, Implementation, and Review of the Local Plan</i>		
a. Number of employees who were engaged in this activity.		
b. Salaries and Benefits		
c. Other Expenses		
d. Total Salaries, Benefits, and Expenses	\$	
(04) Total Community Advisory Committees Costs [Forward to form SED-1, line (03)A.]		
(05) Community Advisory Committees Offset*		

* An accumulative total of all offsets from forms 2A to 2D are forwarded to form SED-1, line (09).

Restriction: Claimants should file under Community Advisory Committees rather than Governance Structure if advisement on the development of the local plan was performed solely by the Community Advisory Committee and not by additional persons whose services were not obtained in the Community Advisory Committee structure.

Offset: Reimbursement of costs for activities under line (03)(5) in a given year shall be reduced or eliminated by the amount of state funding received for Regionalized Services other than Program Specialists for that year through December 31, 1985. Effective January 1, 1986, such reimbursement shall also be reduced by the cost of activities under line (03)(4) as well as line (03)(5) in a given year.

MANDATED COSTS SPECIAL EDUCATION GOVERNANCE STRUCTURE		FORM SED-2B
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19__/19__
(03) Reimbursable Component: Item B in the Parameters and Guidelines.		
1. <i>Teacher Participation in the Development and Ongoing Revisions of the Local Plan</i>		
a. Number of teachers who were engaged in this activity.		
b. Number of meetings attended by all teachers engaged in this activity. (Maximum of twelve meetings per teacher per year.)		
c. Salaries and Benefits		
d. Other Expenses		
e. Total Salaries, Benefits, and Expenses	\$	
2. <i>Parent Participation in the Development of the Local Plan</i> (List salaries, benefits, and expenses. Attach sheet if more space is needed.)		
Total Salaries, Benefits, and Expenses	\$	
(04) Total Governance Structure Costs [Forward to form SED-1, line (03)B.]		
(05) Governance Structure Offset*		

* An accumulative total of all offsets from forms 2A to 2D are forwarded to form SED-1, line (09).

Restriction: Claimants should file under Community Advisory Committees rather than Governance Structure if advisement on the development of the local plan was performed solely by the Community Advisory Committee and not by additional persons whose services were not obtained in the Community Advisory Committee structure.

Offset: Reimbursement of costs for activities under lines (03)(1) and (03)(2) in a given year shall be reduced or eliminated by the amount of state funding received for Regionalized Services other than Program Specialists for that year, reduced by the amount of state funding offset used in form SED-1, line (05), Community Advisory Committees.

MANDATED COSTS SPECIAL EDUCATION ENROLLMENT CASELOADS		FORM SED-2C
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19___/19___
(03) Reimbursable Component: Item C in the Parameters and Guidelines.		
1. <i>Resource Specialist: Monitoring Caseloads</i>		
a. Number of employees monitoring the caseloads.		
b. Number of months of all employees who performed this activity.		
c. Number of students receiving resource specialist services.		
d. Total Salaries and Benefits	\$	
2. <i>Resource Specialist: Waiver Process</i>		
a. Number of employees who were engaged in the waiver process.		
b. Number of waiver requests.		
c. Salaries and Benefits		
d. Travel Expenses		
e. Total Salaries, Benefits, and Travel Expenses	\$	
3. <i>Recruitment and Employment of Additional Resource Specialists</i>		
a. Number of waivers denied		
b. Advertising		
c. Recruitment		
d. Interviewing		
e. Selection		
f. Employment		
g. Total Recruitment Cost	\$	
4. <i>Language, Speech, and Hearing Specialists (LSH) 9/22/82 to Present: Monitoring Caseloads</i>		
a. Number of employees monitoring the caseloads.		
b. Number of months of all employees who were engaged in this activity.		
c. Number of students receiving LSH services.		
d. Total Salaries and Benefits	\$	

MANDATED COSTS SPECIAL EDUCATION ENROLLMENT CASELOADS	FORM SED-2C
5. <i>Language, Speech, and Hearing (LSH) Specialists 9/22/82 to Present: Waiver Process</i>	
a. Number of employees engaged in the waiver process.	
b. Number of waiver requests.	
c. Salaries and Benefits	
d. Travel Expenses	
e. Total Salaries, Benefits, and Travel Expenses	\$
6. <i>Recruitment and Selection of Additional LSH Specialists</i>	
a. Recruitment	
b. Selection	
c. Total Recruitment Cost	\$
(04) Total Enrollment Caseloads Costs [Forward to form SED-1, line (03)C.]	\$
(05) Enrollment Caseloads Offset*	

* An accumulative total of all offsets from forms 2A to 2D are forwarded to form SED-1, line (09).

Offset Reimbursement of costs for activities under this component in a given year shall be reduced or eliminated by the amount of state funding received for an additional IPSU for a Regional Specialist for the years up through June 30, 1998, and thereafter by the corresponding amount folded into the AB 602 base (Chapter 854/97).

MANDATED COSTS SPECIAL EDUCATION EXTENDED SCHOOL YEAR		FORM SED-2D
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19__/19__
(03) Reimbursable Component: Item D in the Parameters and Guidelines.		
1. <i>Period of Extended School Year Program Services</i>		
a. Number of students with IEP less than statutory minimum of 20 instructional days.		
b. Number of additional days of service provided to students.		
c. Salaries and Benefits		
d. Other Expenses		
e. Total Salaries, Benefits, and Expenses	\$	
(04) Total Extended School Year Costs [Forward to form SED-1, line (03)D.]	\$	
(05) Offset*		

* An accumulative total of all offsets from form 2A to 2D are forwarded to form SED-1, line (09).

Offset: Reimbursement of costs for the Extended School Year mandate as set forth in this component in a given year shall be reduced or eliminated by the amount of state funding received for that year, or, effective July 1, 1998, by the corresponding amount folded into the AB 602 base (Chapter 854/97).

MANDATED COSTS SPECIAL EDUCATION RESOURCE SPECIALIST PROGRAM		FORM SED-2E
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19__/19__
(03) Reimbursable Component: Item E in the Parameters and Guidelines.		
1. <i>Preparation of Waiver and Participation in State Board of Education (SBE) Waiver Process</i>		
a. Number of employees who were engaged in this activity.		
b. Number of waiver requests.		
c. Salaries and Benefits		
d. Travel Expenses		
e. Total Salaries, Benefits, and Travel Expenses	\$	
2. <i>Acquiring Approval of Superintendent of Public Instruction</i>		
a. Total number of employees who were engaged in this activity.		
b. Total number of approvals.		
c. Total Salaries and Benefits		
3. <i>Recruitment and Selection of Instructional Aides</i>		
a. Recruitment		
b. Selection		
c. <i>Employment per Allocation Formula</i>		
(1) Number of FTE Resource Specialists [From J-50 IPS or equivalent]		
(2) Reimbursable Aides [(1) x 100% {FY 1980-81} or 80% {all other FY}]		
(3) Average FTE Salary Paid to Resource Specialists Aides (From approved budgets, mid-point in salary schedule, or other source data)		
(4) Fixed Benefit Costs		
(5) Variable Benefit Costs (Rate = ____%)		
(6) Average FTE Salary and Benefits for Resource Specialist Aide [(3) + (4) + (5)]		
(7) Less: Offset for State Funding of Aide*		
(8) Reimbursement per Aide [(6) - (7), but not less than \$0]		
(9) Reimbursement for Aides [(2) x (8)]		
(04) Total Resource Specialist Program Costs [1e + 2c + 3a + 3b + 3c(9)] [Forward to form SED-1, line (03)E.]	\$	

<p style="text-align: center;">MANDATED COSTS SPECIAL EDUCATION RESOURCE SPECIALIST PROGRAM</p>	<p style="text-align: center;">FORM SED-2E</p>
<p>* Calculation: The agency's aide unit rate for the appropriate year plus the agency's non-severe support services ratio less the special education state aid deficit for the applicable year.</p> <p>Additionally, for 1997-98 only, school agencies with low funded aides also received equity allocations pursuant to AB 602, (Chapter 854/97). The amount an agency received per non-severe aide in recognition of below average funding (i.e. the amount actually received per aide after proration by the state) should be added to the amount determined above for the 1997-98 fiscal year. determined above for the 1997-98.</p> <p>Since the amount each agency received in 1997-98 was subsequently folded into the new special education funding model pursuant to AB 602, it is appropriate that for the fiscal years beginning 1998-99, the amount for 1997-98 as increased by funded cost-of-living adjustments, less any state aid deficit applied to base funding, be used.</p>	

MANDATED COSTS SPECIAL EDUCATION MAXIMUM AGE LIMIT		FORM SED-2F
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19__/19__
(03) Reimbursable Component: Item F in the Parameters and Guidelines.		
1. <i>Maximum Age Limit - Age 22</i>		
a. Number of students served.		
b. Salaries and Benefits		
c. Other Expenses		
d. Total Salaries, Benefits, and Expenses		
<i>If Using Uniform Allowance Method</i>		
e. A presumed six months of service per student.	6	
f. Uniform Cost Allowance of \$_____ per month for the _____ fiscal year. (See Table 1 below to determine the cost allowance for the fiscal year of the claim.)		
g. Sub-Total (a x e x f)	\$	
(04) Total Maximum Age Limit Costs [1.d. or 1.g.] [Forward to from SED-1, line (03)F.]		
		\$

Table 1. Uniform Cost Allowance Per Month for Students
For Fiscal Years 1980-81 Through 1999-00

Fiscal Year	Amount
1980-81	\$ 1,113
1981-82	1,197
1982-83	1,265
1983-84	1,318
1984-85	1,374
1985-86	1,419
1986-87	1,469
1987-88	1,525
1988-89	1,573
1989-90	1,634

Fiscal Year	Amount
1990-91	\$ 1,703
1991-92	1,737
1992-93	1,777
1993-94	1,820
1994-95	1,875
1995-96	1,921
1996-97	1,963
1997-98	2,003
1998-99	2,041
1999-00	2,113

IMPLICIT PRICE DEFLATOR (1996=100)**Fiscal Years: 1980-81 to 2001-02**

Fiscal Year	State and Local Purchases	
	<u>Index</u>	<u>% change</u>
1980-81	57.32	11.2
1981-82	61.62	7.5
1982-83	65.12	5.7
1983-84	67.87	4.2
1984-85	70.72	4.2
1985-86	73.06	3.3
1986-87	75.62	3.5
1987-88	78.50	3.8
1988-89	80.98	3.2
1989-90	84.12	3.9
1990-91	87.67	4.2
1991-92	89.43	2.0
1992-93	91.45	2.3
1993-94	93.69	2.4
1994-95	96.52	3.0
1995-96	98.88	2.4
1996-97	101.03	2.2
1997-98	103.12	2.1
1998-99	105.09	1.9
1999-00	f/ 108.76	3.5
2000-01	f/ 112.33	3.3
2001-02	f/ 115.78	3.1

Example: If the cost of a component in the 1986-87 fiscal year was \$500, what would the cost be in the 1998-99 fiscal year?

Solution: $\$500 \times (105.09 / 75.62) = \695

f/ May Revision Forecast, April 2000

f/ Revised July 28, 2000

Source: California Department of Finance, from the US Department of Commerce, Bureau of Economic Analysis

MANDATED COSTS SPECIAL EDUCATION INTERIM PLACEMENTS		FORM SED-2G
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19__/19__
(03) Reimbursable Component: Item G in the Parameters and Guidelines.		
1. <i>Review and Final Recommendation for Permanent Placement</i>		
a. Number of employees in excess of one employee per each interim placement.		
b. Number of times employees performed this activity.		
c. Total Interim Placements Costs, Salaries and Benefits [Forward to form SED-1, (03)G.]	\$	

MANDATED COSTS SPECIAL EDUCATION WRITTEN CONSENT		FORM SED-2H
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19__/19__
(03) Reimbursable Component: Item H in the Parameters and Guidelines.		
1. <i>Creation of Form for Parental Consent</i>		
a. Number of employees who were engaged in this activity.		
b. Salaries and Benefits		
c. Other Expenses		
d. Total Salaries, Benefits, and Expenses	\$	
2. <i>Consent for Subsequent Assessments after Initial Placement (Refer to Restriction Below)</i>		
a. Number of employees who were engaged in this activity.		
b. Number of times this activity was performed.		
c. Salaries and Benefits		
d. Other Expenses		
e. Total Salaries, Benefits, and Expenses	\$	
3. <i>Consent for Subsequent IEP's after Initial Placement</i>		
a. Number of employees who were engaged in this activity.		
b. Number of times this activity was performed.		
c. Salaries and Expenses		
d. Other Expenses		
e. Total Salaries, Benefits, and Expenses	\$	
4. <i>Postage for Requests for Parental Consent to an IEP and/or Assessment</i>		
a. Number of special education students in LEA.		
b. Total Cost	\$	
5. <i>Follow-up Phone Call to Parent/Guardian for Student with No Consent for IEP and/or Assessment</i>		
a. Number of employees who were engaged in this activity.		
b. Number of special education students in LEA with No Consent.		
c. Salaries and Benefits		

MANDATED COSTS SPECIAL EDUCATION WRITTEN CONSENT		FORM SED-2H
d. Other Expenses		
e. Total Salaries, Benefits, and Expenses		\$
6. <i>Expenses for Employee or Contractor Preparation for Mediation</i>		
a. Number of employees who were engaged in this activity.		
b. Number of times this activity was performed.		
c. Salaries and Benefits		
d. Other Expenses		
e. Total Salaries, Benefits, and Expenses		\$
7. <i>Expenses for Employee or Contractor Attendance at Mediation</i>		
a. Number of employees who were engaged in this activity.		
b. Number of times this activity was performed.		
c. Salaries and Benefits		
d. Other Expenses		
e. Total Salaries, Benefits, and Expenses		\$
8. <i>Expenses for Employee or Contractor Preparation for Due Process Hearing and Closing Brief</i>		
a. Number of employees who were engaged in this activity.		
b. Number of times this activity was performed.		
c. Salaries and Benefits		
d. Other Expenses		
e. Total Salaries, Benefits, and Expenses		\$
9. <i>Expenses for Employee or Contractor for Attendance at Due Process Hearing</i>		
a. Number of employees who were engaged in this activity.		
b. Number of times activity was performed.		
c. Salaries and Benefits		
d. Other Expenses		
e. Total Salaries, Benefits, and Expenses		\$

MANDATED COSTS SPECIAL EDUCATION WRITTEN CONSENT	FORM SED-2H
(04) Total Written Consent Costs [Forward to form SED-1, line (03)H.]	\$

Restriction: Claimants may recover time and expenses for attempts to obtain consent for all subsequent assessments retrospectively for the time period up until June 4, 1997. Claimants may not recover for time and expenses to obtain consent for all subsequent assessments for the time period June 4, 1997, to the present because the IDEA 1997 requires LEA's to obtain consent for subsequent assessments.